

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> <input checked="" type="checkbox"/> HCP <input type="checkbox"/> IE <input type="checkbox"/> IC	<b>Response Timely Filed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Requestor's Name and Address Texas Imaging & Diagnostic Center 3840 W. Northwest Highway, Ste. 400 Dallas, TX 75220	MDR Tracking No.:                      M4-03-7497-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Federal Insurance co. Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:                      717082038WILLIAMS

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
06/27/02	06/27/02	76000-27	\$88.00	\$88.00
06/27/02	06/27/02	99499-RR	Amount not listed	Amount not listed

## PART III: REQUESTOR'S POSITION SUMMARY

Position Summary dated June 3, 2003 states in part, "...The fluoroscopy (76000-WP) is a separate code and IS NOT GLOBAL to the procedure... Monitoring/Observation (99499-RR). I have attached the observation room record for your review. The patient was taken to the recovery and observation area for monitoring of any possible adverse effects from the injection procedure..."

## PART IV: RESPONDENT'S POSITION SUMMARY

Position Summary dated July 28, 2003 states in part, "...It appears that the fluoroscopy should not be billed separately. Radiology/Nuclear medicine Ground Rule I(D) requires documentation to support the procedure, and the Requestor has failed to provide sufficient documentation to justify the fluoroscopy... As for CPT Code 94999-RR, the Requestor has failed to provide sufficient documentation to overcome the burden of reaching Surgery Ground Rule V(B)(1)(2)(3). The provider has failed to provide documentation for the length of time, if any, in the recovery room, and has failed to provide the required documentation to support reimbursement for this charge..."

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- CPT Code 76000-27 for date of service 06/27/02 denied as "F – Fee Guideline MAR reduction included in another billed procedure". Fluoroscopy is not considered global to the primary procedure per TWCC Advisory 97-01. Per the Advisory the requestor has submitted convincing evidence in the attachment to the procedure report to support services were rendered as billed. Reimbursement in the amount of \$88.00 is recommended.
- CPT Code 99499-RR for date of service 06/27/02 denied as "M – No MAR, reduced to fair and reasonable". Per Rule 133.1(a)(8) the requestor has submitted convincing evidence to support \$119.00 is their fair and reasonable amount for reimbursement. The requestor billed \$119.00 and was reimbursed by the Carrier in the amount of \$50.00. Per Rule 133.307(e)(2)(C) MDR declines to issue an order to reimburse this Code as the amount in dispute was not listed on the table.

**PART VI: DETAIL FINDINGS (If needed)**

Date of Service	CPT Code	Amount in Dispute	Amount Due	Date of Service	CPT Code	Amount in Dispute	Amount Due
6/27/2002	76000-27	\$88.00	\$88.00				
	99499-RR	\$0.00	\$0.00				
				Total Left Column:			\$88.00
				Total Amount Due:			\$88.00

**PART VII: COMMISSION DECISION AND ORDER**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$888.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Marguerite Foster

01-13-05

Authorized Signature

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Typed Name

Date of Order

## PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

**PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_